

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528764

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	2		2			
5	/		/			
6	/		/			
7	2		2			
8	0		2			
9	/		/			
10	/		/			
11	2		1			
12	2		1			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	10	↑	15	↑		↑
TOTAL CLAIMS	19	██████████	18	██████████		██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↑		↑		↑
TOTAL CLAIMS		██████████		██████████		██████████